

2012 Open Enrollment Period • **May 7–23, 2012**

All State, K-12 & Higher Education employees

- ## Password

- Password** = de\$mmd#####

de = de

\$ = \$

mm = your birth month

dd = your birth day

= last 4 digits of your SSN

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EMPLOYEE SELF-
SERVICE LOGIN

Employee Self-Service

Login to Employee Self-Service to access: ePay, Time & Labor Self-Service, eBenefits

*** Log-In Required**
Please enter your Employee ID Number and Password below:

Empl ID:

Password:

Last Updated: 11/11/2010 10:00 AM

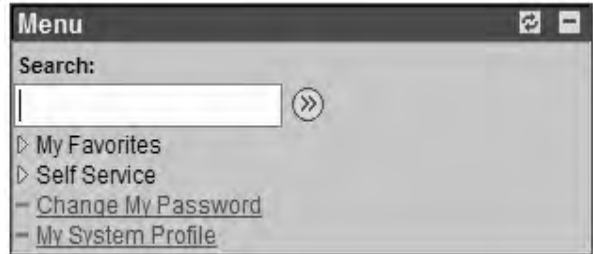
2) Benefits Enrollment

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Do not use the "BACK" button in this web site.

View Your Current Benefit Elections:

1. Click **Self Service**.
2. Click **Benefits**.
3. Click **DE Open Enrollment**.
4. On the **Benefits Enrollment** page, click **Select**.
5. The **Open Enrollment** page shows you what benefits you currently have. Use the vertical scroll bar on the right side to view the entire list.



To Make Changes:

1. Click the **Edit** button next to the benefit you wish to change (i.e., Medical, Dental, Vision, Blood Bank).
2. Click the **radio button** next to the option you wish to select.
3. For Medical, Dental and Vision, select the dependents you wish to have covered. By using the scroll bar to scroll down you can see all eligible dependent(s). Dependents to be enrolled must have a check in the checkbox before their name. Click on the checkbox to ADD or REMOVE check.

To add a dependent who is not listed, or to see how to specify a primary care provider (PCP), see next page.

4. Click **Continue** to review your changes.
5. Click **OK** at the **Benefits Enrollment** page to store your choices.
6. You may want to print this page for your records.
7. When all changes are made, click **Submit**, located at the bottom of Benefits Enrollment - Open Enrollment page.

Enrollment Summary					
	Medical	Full Cost	Credits	Before Tax	After Tax
Current:	Blue Cross Blue Care® BT:EE&Chd(m)				
New:	Blue Cross Blue Care® BT:EE&Chd(m)	26.73	0.00	26.73	
Current:	Delta Dental PPO Plus Premier EE&Chd(m)				
New:	Delta Dental PPO Plus Premier EE&Chd(m)	31.67	0.00	31.67	
Current:	State Vision EE&Chd(m)				
New:	State Vision EE&Chd(m)	4.92	0.00	4.92	
Current:	Blood Bank of Delaware:Empl Only				
New:	Blood Bank of Delaware:Empl Only	0.00	0.00		

Submit Your Benefit Choices:

1. Carefully read the **Submit Benefit Choices** page.
2. Click **Submit** to Authorize Elections.
3. Click **OK** at the **Submit Confirmation** page to verify elections have been submitted.

Authorize Elections

By submitting your benefit choices you are authorizing the State of Delaware to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the State of Delaware to send necessary personal information to your selected providers to initiate and support your coverage. Deductions will begin with the July 27, 2012 paycheck and coverage will begin on July 1, 2012.

Submit Click Submit to send your final choices to be processed.

Cancel Click Cancel if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Important!

Click sign out to sign out of eBenefits

Benefits Enrollment Submit Confirmation

Employee Name

Your benefit choices have been successfully submitted for processing.
To return to the Benefits Enrollment page, click **OK** or click **Sign Out** to exit.

Home

Add to Favorites

Sign out

3) Benefits Enrollment (continued)

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Adding Dependent(s):

1. After you click **Edit** button for medical, dental, vision, or blood bank; using the scroll bar, scroll to the bottom and click the **Add/Review Dependents** button.
2. To add a dependent, click **Add a Dependent** link.
3. If you cover a dependent who turned 21 prior to the end of 2011, go to www.ben.omb.delaware.gov/documents/cob for complete requirements regarding primary coverage.
4. Enter all dependent information; i.e., name, address, date of birth, SSN, etc., (If the address and/or phone number are the same as the employee, click the checkbox '**Same address as employee**' and/or '**Same phone as employee**'.)
5. If adding and enrolling a spouse or children due to marriage, choose the relationship of spouse, son and/or daughter as applicable.

If adding and enrolling a spouse or children due to a civil union for the FIRST TIME, complete the Certification of Tax Dependent Status Form at www.ben.omb.delaware.gov/cu to determine tax dependency. Based on tax dependency, choose the proper relationship of IRS Qualified (IRSQ) or IRS Non-Qualified (IRSNQ) for your spouse and children. Submit the completed Certification of Tax Dependent Status Form to your organization's Human Resources/Benefits Office.
6. Click **Save**.
7. If the required fields are not completed, you will receive an error message box instructing which missing fields are required to complete the transaction.
8. After receiving the successful confirmation, click **OK**, then scroll down and click **Return to Enrollment Dependent/Beneficiary Summary**.
9. Scroll down and click **Return to Event Selection**. To enroll the new dependent, scroll down to **Enroll Your Dependents** and click on the checkbox.
10. Click **Continue**.

Enrollment Dependent Summary

Click the Dependent's name if you would like to review or change personal information.

[Add a dependent](#)

[Return to Event Selection](#)

Specify a Primary Care Provider (PCP):

A PCP ID code must be entered, if you are enrolling yourself or a dependent in one of these HMO plans for the **first time**:

- Medical—BCBSD Blue Care® or Aetna's HMO plan.
- Dental—Dominion Dental Services

1. After you click the **Edit** button for medical or dental; using the scroll bar, scroll to the bottom and go to the **Specify a Primary Care Provider ID** textbox.
2. Enter your provider ID code. If you don't know your provider ID code, click **Select a Provider**.
3. Select appropriate checkboxes.
4. Click **Dependent Provider List** to enter PCP for dependents if different from your PCP. Check if Previously Seen. Click **OK**.
5. Click **Continue** to review Benefits Enrollment page.
6. Click **OK** to store your choices.

Choose a Primary Care Provider ID

If you are enrolling in this plan for the first time, you must select a primary care provider for you and each dependent to be covered. Enter the provider's ID number from the provider listing. You must indicate whether or not you have already established a relationship with this provider, since some providers are not accepting new patients.

If you are already enrolled in this plan and you wish to change your primary care provider on file with the carrier, please do not enter the provider's information below. Contact the carrier directly at the phone number on the back of your insurance card or in your open enrollment booklet.

Specify a Primary Care Provider ID:

[Select a Provider](#)

☐ Check here if you have previously seen this provider:

☐ Check here to use the same provider for all your dependents.

[Dependent Provider List](#)

[Continue](#)

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

[Cancel](#)

Click **Cancel** to ignore all entries made on this page and return to the Enrollment Summary.

To view your Benefits Summary at anytime:

1. Follow the instructions on Page 1 to access eBenefits.
2. Once you have logged on, Click **Self Service**.
3. Click **Benefits**.
4. Click **Benefits Summary**.
5. Change the date in the box to **07/01/2012**.
6. Click **Go**.

If there is an error in your benefit elections or the covered dependents listed, you must contact your HR/Benefits Office no later than June 8, 2012 to have the error corrected.

NO CORRECTIONS WILL BE MADE AFTER JUNE 8, 2012.

Type of Benefit	Plan Description	Coverage or Participation
Medical	Blue Cross Blue Care® BT	Family
Dental	Dominion Dental HMO	Employee and Child(r)
Vision	State Vision	Family
Blood Bank	Blood Bank of Delmarva	
Deferred Compensation 457	State of DE Def Comp 457b	\$10 Before Tax
Pension Plan 1 - U.S.	State Employees	

Go to: [Enroll in Benefits](#)

NEED HELP!!!

For Logon Issues or Password Reset Assistance

Call 1-866-751-7833

If your call goes to voice mail, please leave a message with your name, your Employee ID number, and a phone number where you can be reached from 8:00 a.m. to 4:30 p.m.

Your password will be reset and your call will be returned as quickly as possible.

OR

You can go to www.omb.delaware.gov/epay.

Click on **USER ACCOUNT ASSISTANCE** (located on the left hand side),

Click on Submit an online request.

Complete and submit the form to have your password reset.

DO NOT LEAVE A VOICE MAIL AND SUBMIT A FORM AS THIS MAY RESULT IN YOUR PASSWORD BEING RESET AN ADDITIONAL TIME AFTER YOU HAVE SUCCESSFULLY LOGGED IN.

For Benefit Questions or Assistance with General Online Enrollment once you are logged on, Contact the Statewide Benefits Office HelpDesk

May 7 through May 23, 2012 – 8:00 a.m. to 4:30 p.m. Monday through Friday

Phone: **1-800-489-8933**